

Sunder
9/23/4
09/103

Serial

Serial # 09/103573 0

Did you identify any areas with
issue processing?

☒ Yes ☐ No ☐ N/A

Primary Examiner box complete	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Issuing Classification complete	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

PTO-892/1449

Examiner's initials or cross-through lines supplied for each item cited by applicant	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Brief description of drawings includes description of each figure in drawings	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Continuing data mentioned in 1st paragraph (can be an insert)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A

CLAIMS

Claims listed on Notice of Allowability match allowed claims and/or index of claims	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
One sheet ^{set} of complete claims	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

RAM FEES

	Amount Actually Charged	Amount that Should Have Been Charged
<input type="checkbox"/> Examiner's amendment		
Check box if applicable		

CRFE-COMPUTER READABLE FORM

If necessary (biological sequence listing): ☐ Yes ☐ No ☒ n/a

NOTICE OF ALLOWABILITY

If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked ☒ Yes ☐ No ☐ n/a

INITIALED BIB SHEET

Inflated Bib sheet is present ☒ Yes ☐ No ☒ N/A

REVIEWER COMMENTS